

Name in Full

Certificate of Death

Name in Full *Elsie Thompson*
 Town *Landsdale* County *St. Mary's*
 Died at *Landsdale* *St. Mary's* MARYLAND
 Date *Nov 3 1918* Month *3* Day *18* Y. *4* M. *3* D. *3*
 Age *43* Native of *Ind* Occupation *Housewife*
 Male *White* Married *Widow* Divorced *Single*
 Female *Colored* *Single* Widower Number of children living *0*

Husband of
Wife

Father's Name *G. J. Jackson* Mother's Name *Sarah Jackson*
 Maiden Name *Sarah Jackson*

Cause of Death { Primary *Consumption* How long sick *12 mos*
 Immediate Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Charles Johnson

Died at *Piney Point*

Town

County

St. Mary's

MARYLAND

Date 19 *02* *March 24* Month Day Y. M. D. *Med.* Native of OccupationAge *11*

Male

~~White~~~~Married~~

Widow

~~Divorced~~

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

Wm. Johnson *Accident* *69* *Amie Johnson* *5 yrs.*

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Katie C. Morgan

Died at ^{Town} *Perry Point* ^{County} *St. Marys* MARYLAND

Date 1902, ^{Month} *March* ^{Day} *24* | ^{Y.} *9* ^{M.} *-* ^{D.} *-* | Native of *Ind.* | ~~Occupation~~

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ ~~Single~~ ~~Widow~~ ~~Number of children living~~

Husband
 of
 Wife

Father's Name *Daniel Morgan* ⁹⁰ Mother's Maiden Name *Patsy Seldan*

Cause of Death { Primary *Diphtheritic sore throat* | How long sick *6 days*
 Immediate | ~~Accident, Suicide, Homicide~~

Reported by *P. Horpen French, M.D.*
 Address *Valley Lee, St. Marys' County*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at *Forest View* Town *St. Mary's* County *MARYLAND*
 Date 1902 *March 13* Month Day Y. M. D. Native of *Ind.* Occupation *7*
 Age *67*
 Male ☒ Female ☐ White ☒ Colored ☐ Married ☐ Single ☒ Widow ☐ Widower ☐ Divorced ☐
 Number of children living *6*

Husband of
Wife

Father's
Name

Mother's
Maiden Name

Cause of Death { Primary *Pneumonia* Immediate *93*
 How long sick *8 days*
 Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LPA

Handwritten text, possibly "Handwritten" or "Handwritten" with a large "H" and "A" visible.

Handwritten text, possibly "Handwritten" or "Handwritten" with a large "H" and "A" visible.

Name In Full

Certificate of Death

Town

County

Died at

Still Born
Millsboro

St. Mary's

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Mar. 22

Age

- - -

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Robert Lise

Mother's

Maiden Name

Celia Duggs

Cause of

Primary

How long sick

Death

Immediate

written statement

Accident, Suicide, Homicide

Reported by

Address

R. V. Palmer

Palmer

usd

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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